



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Laxmaiah Manchikanti, MD., Treasurer
American Society of Interventional Pain Physicians
Political Action Committee (ASIPP PAC)
2831 Lone Oak Road
Paducah, KY 42003

MAY 29 2002

Identification Number: C00351197

Reference: April Monthly Report (3/1/02-3/31/02)

Dear Mr. Manchikanti:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) prohibits a multicandidate committee and its affiliates from making a contribution to a candidate for federal office in excess of \$5,000 per election.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information.

If any contribution you made exceeds the limits, you must request a refund of the excessive amount or provide a written authorization for a redesignation of the contribution pursuant to 11 CFR §110.2(b) within 60 days of the treasurer's receipt.

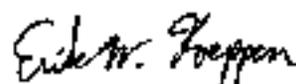
If the foregoing conditions for redesignations were not met within 60 days of the treasurer's receipt, your committee must obtain a refund of the excessive amount.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund or redesignation request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received. Any redesignations should be disclosed as memo entries on Schedule B supporting Line 23 of the report covering the period during which the redesignation is made. 11 CFR §110.1(b)

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designation and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Erik W. Koeppen
Reports Analyst
Reports Analysis Division

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 9/9	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29

Any information copied from such Reports and Schedule B's may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

EWK

A Full Name (Last, First, Middle Initial)
FRIENDS OF JERRY KLECZKA

Mailing Address
3258 SOUTH 9TH STREET
City MILWAUKEE State WI Zip Code 53215

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF JERRY KLECZKA

Category Type

Office Sought: House Senate President

Disbursement For: 2002
 Primary General
Other (specify) #

State: WI District: 04

Date of Disbursement
03 " 13 " 2002

Amount of Each Disbursement This Period
5000.00

Transmission ID: SB23.4825

B Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address
807 14TH STREET NW SUITE 200
City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
contribution to Federal candidate

Candidate Name
FRIENDS OF SHERROD BROWN

Category Type

Office Sought: House Senate President

Disbursement For: 2002
 Primary General
Other (specify) #

State: DC District: 13

Date of Disbursement
03 " 20 " 2002

Amount of Each Disbursement This Period
4000.00

Transmission ID: SB23.4526

C.

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate (schedules) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 20
	<input type="checkbox"/> 21a <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	
	<input type="checkbox"/> 28 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 29	

Any information copied from such Reports and Statements may not be used or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE OR PAC
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF CAROLYN MCCARTHY		Date of Disbursement 09 / 26 / 2001
Mailing Address 151 LINDEN ROAD City: MINEOLA State: NY Zip Code: 11501		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement contribution to Federal candidate Candidate Name FRIENDS OF CAROLYN MCCARTHY		Category Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Transaction ID: SB23 4536

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Full Name (Last, First, Middle Initial) B. FRIENDS OF JERRY KLECZKA		Date of Disbursement 09 / 11 / 2001
Mailing Address 3288 SOUTH 9TH STREET City: MILWAUKEE State: WI Zip Code: 53215		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement contribution to Federal candidate Candidate Name FRIENDS OF JERRY KLECZKA		Category Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Transaction ID: SB23 4537

Full Name (Last, First, Middle Initial) G. FRIENDS OF SAM JOHNSON		Date of Disbursement 09 / 17 / 2001
Mailing Address PO BOX 580088 City: PLANO State: TX Zip Code: 75088		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement contribution to Federal candidate Candidate Name FRIENDS OF SAM JOHNSON		Category Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Transaction ID: SB23 4538

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

